PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2003

10713360

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			6		100.0		. 1	RATE	FEE	7	RATE	FEE
FOR			,		AH IMB	ER EXTRA		BASIC FEE	-		BASIC FEE	770.00
FOR			NUMBER FILED . NU		NOINID			DAGIO	363.00	OR		
TOTAL CHARGEABLE CLAIMS			6 minus 20= * 4					X\$ 9=		OR	X\$18=	733
INDEPENDENT CLAIMS			minus 3 = * 3			>		X43=		OR	X86=	5
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	· · · · · · · · · · · · · · · · · · ·				+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL		OR	TOTAL	1(16	
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)	(Column 2)			(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u> *	Minus		***			X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)										ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N O	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X43=			X86=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						│ ├			OR		
								+145= TOTAL		OR	+290=	
										OR ,	TOTAL ADDIT. FEE.	
(Column 1) (Column 2) (Column 3)												_
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	.**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X43=	*	OR	X86=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.5			000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
** [** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
		ber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.	